

## Indiana Hand Therapy Protocol

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### Indiana Hand Therapy Protocol

THErapy. MEDICAL CONDITIONS. More. DIAGNOSIS & TREATMENT MANUAL FOR PHYSICIANS AND THERAPISTS: UPPER EXTREMITY REHABILITATION, 4TH EDITION. The occupational therapists at the Indiana Hand to Shoulder Center jointly author a manual geared toward medical professionals who manage patients with hand and upper extremity medical conditions. Titled ...

### Indiana Hand to Shoulder Center | Diagnosis & Treatment Manual

For therapy protocols specific to Dr. Izquierdo patients please click here. General Protocols. Blood Flow Restricted Therapy. Lower Extremity Protocols. ... Hand ECRB Debridement Indiana Hand Protocol Hand ECRB Open Dr. Bear Hand Flexor Tendon Shoulder AC Joint Reconstruction

### Rehabilitation Therapy Protocols | Ortho Illinois

13 results for "indiana hand therapy protocol book" Rehabilitation of the Hand and Upper Extremity, 2-Volume Set. by Terri M. Skirven OTR/L CHT, A. Lee Osterman MD, et al. | Mar 4, 2020. 4.1 out of 5 stars 2. Hardcover \$273.84 \$ 273. 84 \$299.99 \$299.99. Get it as soon as Tue, Aug 4.

### Amazon.com: indiana hand therapy protocol book

indiana hand to shoulder therapy center The Indiana Hand to Shoulder Center operates the largest therapy facility in the country focused on rehabilitation of the hand, wrist, elbow and shoulder. Over the past 30 years it has earned local, national and international recognition for its cutting-edge treatments.

### Indiana Hand to Shoulder Center | Therapy

protocol, Indiana Hand Center Newsletter 1:13, 1993) is an "active-hold" or "place-hold active mobilization" protocol. The digits are passively placed in flexion, and the patient then maintains the flexion with a gentle muscle contraction. Patients learn to use only

### L019d Hand Therapy Protocols

The massage will help enhance circulation, promote healing, and dampen the pain. MOIST HEAT. OApply moist heat [e.g. moist heat heating pad] to

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the elbow for 10 minute sessions 2 times a day. The moist heat will promote soft tissue healing and increase the flexibility of the muscles surrounding your elbow.

### **The Hand Rehabilitation Center of Indiana**

Primary Upper Extremity and Hand Extensor Tendon Repair Protocol This protocol is not intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications.

### **Upper Extremity Extensor Tendon Repair Protocol**

Physical Therapy Zones 2-5 Flexor tendon repair Protocol Timeline Splint Therapeutic Exercise Precautions Other Week 3 May initiate serial static PIP extension splints at night if needed. Add place/hold if not yet done via EAM. 1. Place/hold for hook, full and straight fist with wrist extended. 2. Place hold for isolated FDS glide of involved digits.

### **Hand - Flexor Tendon Repair Protocol Zone 2-5**

MODIFIED DURAN PROGRAM: FLEXOR TENDON REPAIR (ZONES I II III) DAY 2-3 Remove protective splint making sure to keep hand postured in a protective position. Remove post-op bulking dressings, inspect the wound and replace with a light dressing.

### **MODIFIED DURAN PROGRAM: FLEXOR TENDON REPAIR (ZONES I II ...**

The Indiana Hand to Shoulder Center is committed to excellence in the treatment of the hand, as well as the wrist, elbow and shoulder. Since 1971 patients from across Indiana, and throughout the United States, have placed their trust in our top orthopedic surgeons specialized care from hand to shoulder.

### **Indiana Hand to Shoulder Center | Specializing in the ...**

The Indiana Hand to Shoulder Center (established the Ruth A. Lilly Library to support research and education relating to surgery and therapy of the hand, wrist, elbow and shoulder. The library supports the clinical and research activities of the IHTSC physicians, fellows, orthopedic residents, therapists, nurses, as well as Indiana University ...

### **Indiana Hand to Shoulder Center | Fellowship Program**

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In general, it is a progressive instability or degenerative arthritis that occurs at the base of thumb, that over time fails conservative treatment, which includes bracing, therapy, anti-inflammatory medications and corticosteroid injections. After failure of conservative treatment, patients become a candidate for surgical intervention.

### **CMC Arthroplasty Rehabilitation Protocol**

Patient will most often be referred to therapy for initial therapy visit after his/her 2- week follow-up with surgeon. Patient is usually only seen for one appointment during this initial immobilization phase. This appointment consists of splint fabrication and patient education in ROM of uninvolved joints, edema and scar management.

### **Dr. Klika CMC Arthroplasty**

The Hook Grip allows for flexion of the IP joints while maintaining MCP joint extension. This exercise should be performed for 25 repetitions every 2 hours while awake. Instruct the patient to begin active place-and-hold extension exercises for the MCP joints. Passively extend the fingers into full extension.

### **Kelly Holtkamp, M.D.**

6 to 8 weeks post-op: Continue active and passive range of motion, advancing to include composite wrist and digit extension at 6 weeks post-op Add tendon glide and blocking exercises Begin strengthening at 8 weeks post-op. Early Active Motion. (based on Indiana Hand Center protocol)

### **FLEXOR TENDON REPAIR PROTOCOL Zone I Passive motion**

Protocol for Central Debridement Here is a basic rehabilitation protocol following a central debridement of the TFCC. The Diagnosis & Treatment Manual for Physicians & Therapists published by the Indiana Hand to Shoulder Center (which can be found here) also provides evidence-based guidelines and protocols for TFCC injuries and repairs.

### **What is the TFCC? How do you Treat it? - Rehab U**

Strengthening. ☐☐ 10 weeks ☐☐can begin gentle pinch/grip with a foam block or towel; progress to putty (no power grip until 6 months) ☐☐ 12 weeks ☐☐can begin light strengthening working up to 2-5# only. Proprioception. ☐☐ Continue with proprioceptive tasks ☐☐ Begin reactive muscle activation at 12 weeks.

### **Dr Brian Klika SCAPHOLUNATE LIGAMENT REPAIR Phase 1- Early ...**

Presenting over 100 rehabilitation protocols for the hand and upper extremity in an easy-to-use, step-by-step format, this practical reference provides surgeons and therapists alike with a go-to source for the therapy technique or strategy appropriate for their patients. Covering injuries from the shoulder, elbow, wrist, hand and fingers, each ...

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